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ANNUAL REPORT

— OF THE —

Medical Officer of Health

— TO THE —

Holland County Council

For the Year 1927

— BY —

H. C. JENNINGS,

M.B., B.S. (Lond.), M.R.C.S., D.P.H. (R.C.P.S.).

"Guardian" Press, Boston.





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ONE QUART OF A
Is EQUAL in Food Value to

The Bridge to Health and Happiness

MILK MUST BE KEPT COOL.

FRESH MILK
Kept at a low temperature
WILL KEEP SWEET

This fact is recognized by
THE PRODUCER and
THE RETAILER

HOLLAND COUNTY COUNCIL
PUBLIC HEALTH
DEPT.

MILK VESSELS
MUST BE CLEAN.

IT HAS BEEN SHOWN
THAT DIRTY UTENSILS
ARE LARGELY RESPONSIBLE
FOR THE RAPID SOURING
OF MILK.

Regulations governing the use of
GRADED
MILK VESSELS
BY STEAM-STERILIZED
MILK


THE WRONG WAY
TO KEEP
MILK

FRESH MILK
GROWTH HEALTH

milk
Workers need more

CONFERENCE

Clean Milk Exhibit. County Agricultural Show, Spalding, June, 1927.



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To the Chairman and Members of the Public Health and
Housing Committee and Maternity and Child Welfare
Committee.

Ladies and Gentlemen,

I have pleasure in submitting my Annual Report for the year 1927. The birth rate for the year is 18.8 per 1,000 of the population, a further fall as compared with 19.8 in the previous year. The death rate of 12.3 shows a very slight increase upon that for 1926 and is for the year equal to that for England and Wales as a whole. The infantile mortality is 63 (the same as in 1925) and is the lowest recorded since 1910.

That the activities of the Health Department have extended is shown by the opening of a Dispensary at Donington and an Infant Welfare Centre at Crowland (opened March, 1928). A Laboratory has also been provided in the County Hall and in future the examinations of all sputa and throat swabs will be made by the Medical Staff, and not sent to London, as has obtained hitherto. This will make for greater efficiency and will also effect a saving in money.

It is interesting to note that the cost of the whole of the activities of the Health Department, including School Medical Inspection and Treatment, falling upon the rates is only 1½d. per head of the population in the County per month. Surely not a heavy premium to pay !

The work of the whole staff—medical, nursing and clerical—has been of a very high standard, and I wish to express my thanks to them for their loyal support and co-operation.

I am,

Ladies and Gentlemen,

Your obedient Servant,

H. C. JENNINGS.

County Hall,
Boston,
April, 1928.

PUBLIC HEALTH AND HOUSING COMMITTEE.

Councillor S. S. RENDALL, M.B. (Chairman).

Ald. R. Coupland.	Coun. H. J. B. Cooke.
Ald. R. J. Harwood.	Coun. R. M. Fletcher.
Ald. F. Howard.	Coun. E. Freemantle.
Ald. R. Riddington.	Coun. R. Gleed, D.J.
Ald. J. M. Simpson.	Coun. J. Maltby
Coun. T. W. Banks.	Coun. J. H. Mountain.
Coun. J. T. Biggadike.	Coun. R. Salter.
Coun. E. W. Bowser.	Coun. E. I. R. Stapleton.
Coun. F. Baxter.	Coun. T. Warrick.

MATERNITY AND CHILD WELFARE COMMITTEE.

Councillor S. S. RENDALL, M.B. (Chairman).

Ald. R. Coupland.	Coun. R. Gleed, D.J.
Ald. R. Riddington.	Coun. G. H. Harris.
Coun. J. T. Biggadike.	Coun. R. Longlands.
Coun. F. Baxter.	Coun. J. H. Mountain.
Coun. H. J. B. Cooke.	Coun. E. I. R. Stapleton.
Coun. Freemantle.	Coun. S. Wain.

with Miss E. M. Maples, Mrs. R. Coupland, and Mrs. Nicholas.

STAFF.

County Medical Officer of Health :

H. C. Jennings, M.B., B.S., M.R.C.S., D.P.H.

Assistant Medical Officers of Health :

A. H. Kynaston, M.R.C.S., L.R.C.P., D.P.H.
 Esther Ashworth, M.B., D.P.H., D.T.M.

Matron, Holland Sanatorium :

Miss M. Shipstone.

Health Visitors :

Miss Black.	Miss O'Donoghue.
Miss Edgeller	Miss Parsons.
Miss Lewis.	Miss Robinson.
Miss Spencer.	

Chief Clerk :

Walter Ingram.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

HOSPITALS.*

(a) TUBERCULOSIS.

The Holland Sanatorium situated on the southern outskirts of Boston ($1\frac{1}{2}$ miles from station) provides accommodation for 24 cases of advanced tuberculosis. This Institution is provided by the County Council.

(b) FEVER AND SMALL-POX.

Boston (Urban and Rural Joint Board) contains 17 beds. Adjoining this hospital are two smaller pavilions :—

(1) for small-pox—8 beds.

(2) Port Sanitary Hospital—8 beds.

Spalding Urban District has a fever hospital accommodating 4 beds and 2 cots. This building is also the only accommodation provided for small-pox cases.

A fever hospital at Fleet provides accommodation for 8 adults and two children living in the Holbeach, Long Sutton and Sutton Bridge Urban Districts and the East Elloe Rural District. Small-pox cases have also to be accommodated in this building.

(c) MATERNITY AND CHILDREN.

There are no hospitals in the area devoted solely to these purposes.

(d) GENERAL.

(1) The Boston Hospital, consisting of 34 beds, is situated in the north of the County.

(2) The Spalding (Johnson) Hospital in the south of the County has accommodation for 34 patients.

AMBULANCE FACILITIES.

(a) FEVER CASES.

A motor ambulance is provided in the north of the County by the Boston Urban and Rural Joint Board.

(b) NON-INFECTIOUS AND ACCIDENT CASES.

The St. John Ambulance Brigade provides two motor ambulances, one in Boston, and one in Spalding for such cases.

* See also page 56.

CLINICS AND TREATMENT CENTRES.

(a) MATERNITY AND CHILD WELFARE CENTRES.

Spalding—The Church Cote. Sessions are held every Tuesday afternoon.

Long Sutton—The Hut. Sessions are held on alternate Friday afternoons.

Crowland—Church Institute. Sessions are held on alternate Thursday afternoons at 2.0 p.m.

(b) SCHOOL CLINIC.

Spalding—Holland House. Sessions are held every Tuesday and Saturday mornings and at such times as are necessary.

(c) TUBERCULOSIS DISPENSARIES.

Boston—Holland Sanatorium. Sessions are held every Wednesday afternoon from 1.30 p.m. to 4.30 p.m.; on Thursday afternoon from 2.30 p.m. to 4.30 p.m.; and on the 2nd and 4th Tuesday evenings at 6.30 p.m.

Spalding—Holland House. Sessions are held every Tuesday morning from 10 a.m. to 12.30 p.m.

Donington—Church Street, 1st and 3rd Thursdays, 10 a.m.

All the above-mentioned are provided by the County Council.

(d) VENEREAL DISEASE CLINICS.

There are no such Clinics within the County area, but arrangements have been made by the County Council whereby such cases may obtain treatment either at Peterborough or Lincoln.

PROFESSIONAL NURSING IN THE HOME.

(a) GENERAL.

At the following places Local District Nursing Associations (affiliated to the Lincolnshire Nursing Association) provide one nurse each for general but not infectious cases:—Donington, Gosberton, Pinchbeck, Spalding (2), Fleet, Holbeach, and Long Sutton.

In Boston Borough a voluntary association provides two district nurses for similar purposes.

(b) FOR INFECTIOUS DISEASES.

No arrangements exist.

MIDWIVES.

There are eleven midwives practising in the area none of whom is subsidised by the County Council.

MATERNITY HOMES.

There are no Maternity Homes within the County area.

POPULATION.

Census, 1911	.....	.....	.....	.....	.....	82,860
Census, 1921	.....	.....	.....	.....	.....	85,254
Estimated population, 1927 (supplied by Registrar-General)	.....	.....	.....	.....	.....	88,060

The natural increase of population for 1927, by excess of births over deaths was 577, compared with 677 in 1926, and 800 in 1925.

Area in acres (inclusive of inland water)	.....	.....	.....	263,120
Urban Districts	.....	.....	.....	46,247
Rural Districts	.....	.....	.....	216,873
Number of inhabited houses	.....	.....	.....	*20,079
Average number of persons per house	.....	.....	.....	* 4.2
Average number of persons per 100 acres	.....	.....	.....	* 38
Rateable value of County :—				
Approximate product of a 1d. rate	.....	.....	.....	£2,082

* Census 1921.

The general Sanitary Administration of the County is carried out by 11 District Councils.

URBAN DISTRICTS.

<u>District.</u>	<u>Name of M.O.H.</u>	<u>Address.</u>
Boston (Borough)	D. C. Robertson, M.B., D.P.H.	Municipal Buildings, Boston.
Spalding	J. R. Munro, M.D.	15, High Street, Spalding.
Holbeach	W. Ormsby, L.R.C.P., I., L.R.C.S., I., L.M.	Long Sutton.
Long Sutton	R. Murray Barrow, M.B., B.S.	Long Sutton.
Sutton Bridge	G. F. Collins, M.R.C.S., L.R.C.P., I., D.P.H.	Sudeley House, Sutton Bridge.

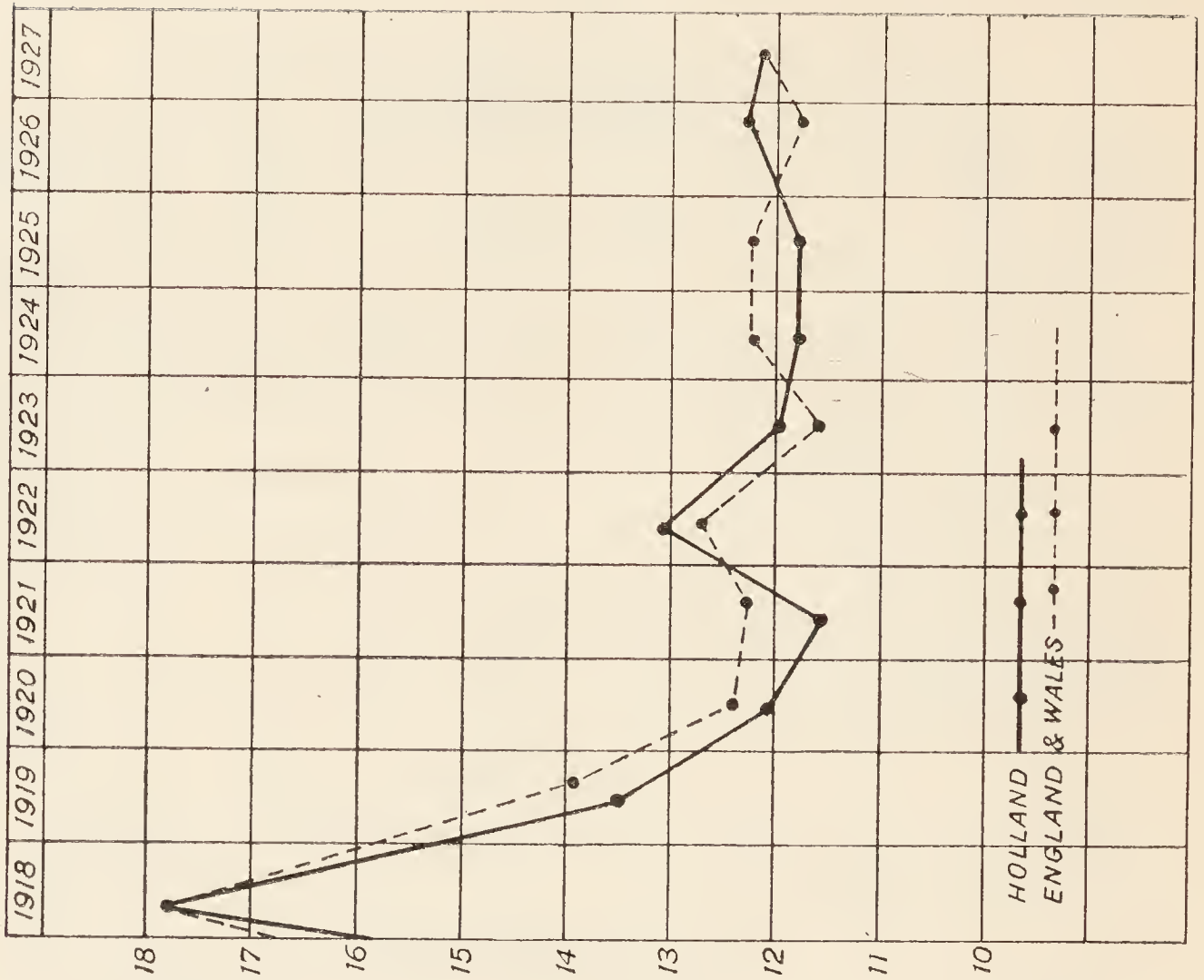
RURAL DISTRICTS.

Boston	D. C. Robertson, M.B., D.P.H.	15, Market Place, Boston.
Spalding	S. H. Perry, M.R.C.S., L.R.C.P.	The Master's Lodge, Spalding.
East Elloe	F. Walker, M.R.C.S., L.R.C.P.	Littlebury House, Holbeach.
Crowland	F. Husband-Clutton, M.R.C.S., L.R.C.P.	Crowland.

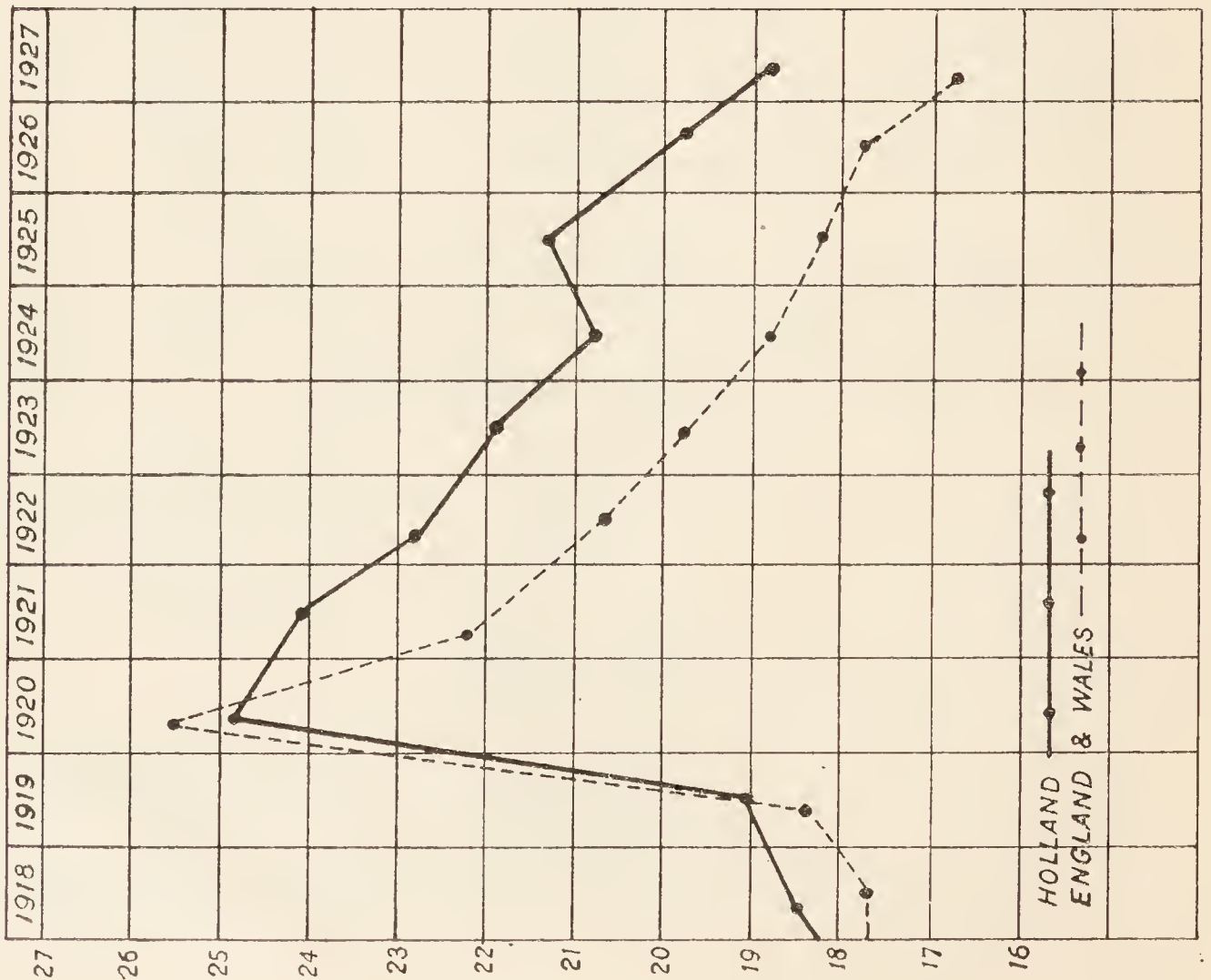
PORTS.

Boston	D. C. Robertson, M.B., D.P.H.	Municipal Buildings, Boston.
Wisbech	C. F. Collins, M.R.C.S., L.R.C.P., I., D.P.H.	Sudeley House, Sutton Bridge.

DEATH RATES FOR 10 YEARS 1918-1927



BIRTH RATES FOR 10 YEARS 1918-1927



VITAL STATISTICS.

BIRTHS.

The number of births registered in the County during 1927 was 1,660 as compared with 1,730 in 1926, and 1,866 in 1925.

The birth rate per 1,000 of the population again shows a fall; the figure for 1927 being 18.8 as compared with 19.8 in 1926 and 21.3 in 1925.

This continuous fall in the birth rate is not peculiar to this area but is taking place in England and Wales as a whole, and there is no doubt whatever that the widespread use of contraceptives is partly responsible for this state of affairs.

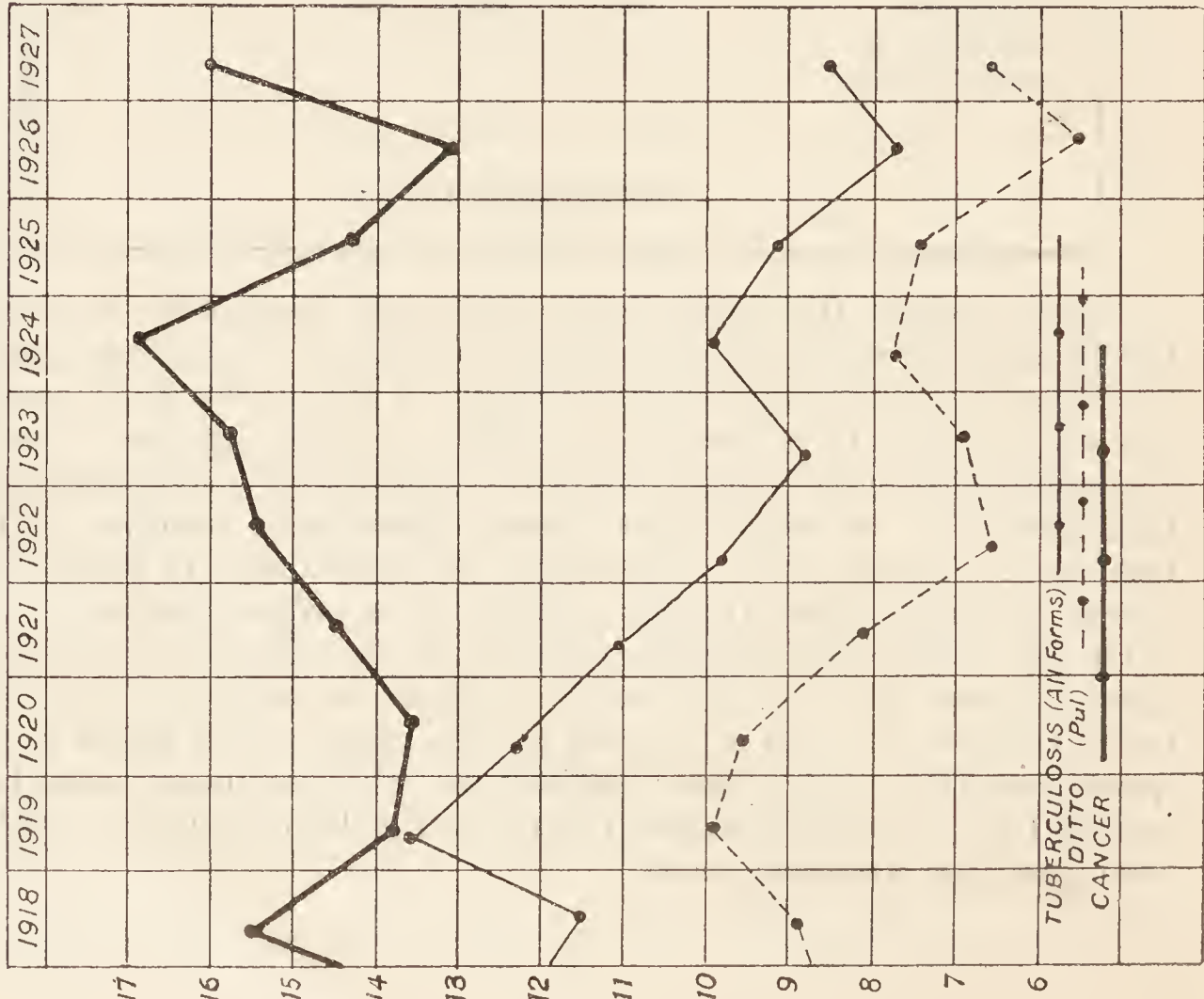
The following table shows the birth-rates in the various districts of the County.

Urban Districts.		Rural Districts.	
Boston	19.3	Boston	17.6
Spalding	17.7	Spalding	19.8
Holbeach	19.3	East Elloe	19.7
Long Sutton	15.8	Crowland	21.5
Sutton Bridge	23.1		
Whole County 18.8			

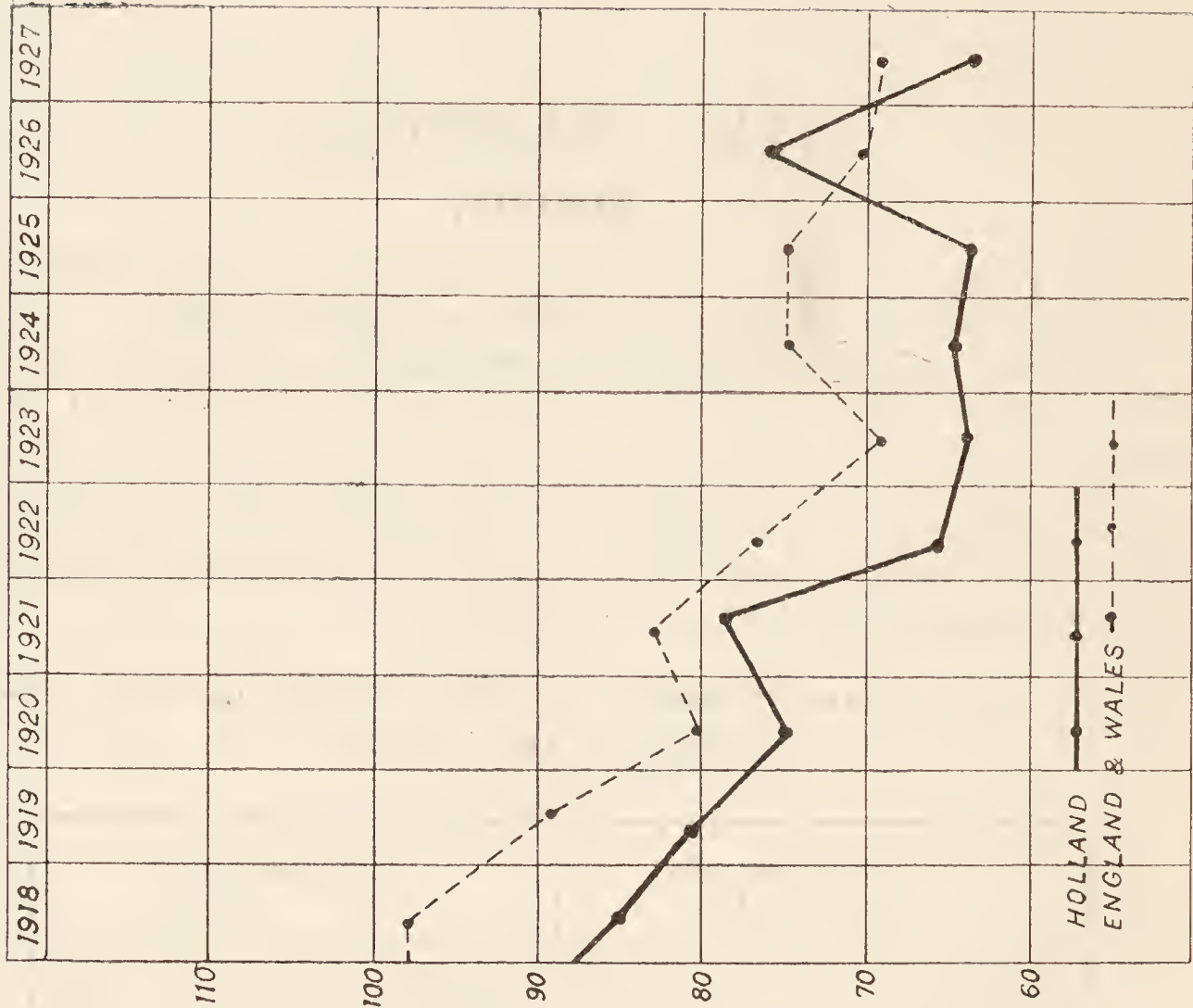
At the present time there is a movement, promoted by certain bodies interested in the promotion of artificial conception control, to obtain the permission of the Ministry of Health for the teaching of such methods in Maternity and Child Welfare Centres. One of the arguments used by these persons in favour of such teaching is that there are so many poor women with large families (which families are continually being added to) who suffer in health and cannot possibly bring up their children in a proper manner.

On the surface this argument seems to be unanswerable, but I must confess that I have been sceptical as to its validity. In order therefore to test the truth of this statement I made an enquiry into the sizes of the families into which children were born during the year, and the result is certainly illuminating, as will be seen from the following table.

TUBERCULOUS DISEASES AND CANCER
Mortality Rates per 10,000 in the County of Holland during 10 Years 1918 - 1927.



INFANTILE MORTALITY RATES per 1,000 registered BIRTHS for 10 Years
1918 - 1927.



In all 1,274 births were investigated, and of these 4.3 per cent. were into families of more than six, whilst 62.8 per cent. were into families of two or under.

417 children (29.6 per cent.) born to parents with no previous children									
306	„	(21.7	„	„	)	„	„	„	1 „ child
162	„	(11.5	„	„	)	„	„	„	2 „ children
136	„	(9.6	„	„	)	„	„	„	3 „ „
75	„	(5.3	„	„	)	„	„	„	4 „ „
71	„	(5.0	„	„	)	„	„	„	5 „ „
42	„	(2.9	„	„	)	„	„	„	6 „ „
27	„	(1.9	„	„	)	„	„	„	7 „ „
14	„	(0.9	„	„	)	„	„	„	8 „ „
10	„	(0.7	„	„	)	„	„	„	9 „ „
7	„	(0.4	„	„	)	„	„	„	10 „ „
7	„	(0.4	„	„	)	„	„	„	more than 10 previous children

Surely our sympathies should be extended to the woman who has no children, or at most one. The only child is a much more pathetic little figure as a rule than he or she who is a member of a big family.

ILLEGITIMATE BIRTHS.

There were 107 illegitimate births in the County during 1927 being 6 per cent. of the total number of births. Of these illegitimate births 61 occurred in the urban districts and 46 in the rural districts. The infantile mortality rate of illegitimate children was 130 as compared with 64 for the legitimate ones.

Number of legitimate and illegitimate births for each district in the year 1927.

Urban Districts.				Rural Districts.			
		Leg.	Illeg.			Leg.	Illeg.
Boston		280	26	Boston		384	16
Spalding		180	20	Spalding		259	15
Holbeach		105	8	East Elloe.....		192	9
Long Sutton		47	4	Crowland		53	6
Sutton Bridge		53	3				
Total		665	61	Total		888	46

DEATHS.

During the year there were 1,083 deaths (corrected for inward and outward transfers) as compared with 1,053 for the previous year. This gives a rate of 12.3 per 1,000, a slight decrease on that of 1926, which was 12.4.

The death rate for England and Wales for 1927 is 12.3.

Table showing birth-rate in Holland County since 1912 compared with that in England and Wales for the same period.

Year	Population	No. of Births	Birth-Rate	Rate for England and Wales
1912	83,543	1995	23.9	23.8
1913	84,104	2015	24.0	24.0
1914	84,672	2067	24.4	23.7
1915	81,052	1849	22.8	21.9
1916	85,372	1824	21.4	20.9
1917	85,577	1534	17.9	17.8
1918	86,097	1591	18.5	17.7
1919	85,277	1629	19.1	18.5
1920	85,125	2105	24.7	25.5
1921	85,461	2061	24.1	22.4
1922	86,051	1966	22.8	20.4
1923	86,660	1898	21.9	19.7
1924	87,409	1817	20.7	18.8
1925	87,680	1866	21.3	18.3
1926	87,460	1730	19.8	17.8
1927	88,060	1660	18.8	16.7

Birth, Death and Infant Mortality Rates for Urban and Rural Districts since 1912.

Urban Districts				Rural Districts		
Year	Birth Rate	Death Rate	Infant Mortality Rate	Birth Rate	Death Rate	Infant Mortality Rate
1912	22.5	14.2	94.4	24.9	12.4	87.1
1913	23.1	13.8	109.3	24.6	12.8	83.5
1914	23.5	14.7	113.3	25.1	12.7	73.5
1915	20.8	17.2	103.0	24.3	13.9	88.0
1916	20.6	14.2	69.4	21.9	12.1	59.2
1917	17.3	14.1	103.6	18.9	10.8	81.7
1918	17.6	15.3	107.2	19.1	14.4	71.0
1919	18.1	13.9	74.8	19.8	10.8	85.4
1920	25.2	12.9	84.3	24.3	11.2	67.4
1921	23.1	13.0	80.9	24.8	9.9	75.1
1922	22.5	14.2	62.0	23.1	11.6	67.4
1923	21.6	12.4	62.6	22.0	11.1	67.4
1924	19.9	11.7	57.9	21.2	11.7	71.1
1925	20.2	14.0	66.9	22.1	9.9	45.0
1926	18.5	12.7	76.0	20.7	11.5	80.3
1927	18.8	13.8	60.6	18.9	11.1	76.0

Table showing Death-rate in Holland County since 1912 compared with that for England and Wales for the same period.

Year	Population	No. of Deaths	Death-Rate Administrative Area	Death-Rate England and Wales
1912	83,543	1108	13.3	13.3
1913	84,104	1118	13.3	13.8
1914	84,672	1154	13.6	14.0
1915	81,052	1250	15.4	15.7
1916	85,372	1116	14.2	14.4
1917	85,577	1038	13.5	14.4
1918	86,097	1344	17.5	17.6
1919	85,277	1086	13.3	13.7
1920	85,125	1024	12.0	12.4
1921	85,461	987	11.5	12.1
1922	86,051	1137	13.1	12.8
1923	86,660	1019	11.8	11.6
1924	87,400	1025	11.7	12.2
1925	87,680	1066	11.7	12.2
1926	87,460	1053	12.4	11.6
1927	88,060	1083	12.3	12.3

INFANTILE DEATH RATE.

In 1927, 106 infants under one year of age died, giving a rate of 63 as compared with 79 in the previous year. The corresponding rate for England and Wales for 1927 was 69.

The infantile mortality rate of 63 for 1927 can be looked upon with some satisfaction as on only one occasion has it been equalled (1925) and is the lowest recorded since 1910.

The following table shows a wide variation in the infantile mortality rate for the various districts which is to a large extent due to local conditions. It should be borne in mind, however, that when the total number of births in any area during one year is a small one, even a small increase in the number of deaths under one year of age will produce a marked increase in the infantile mortality.

**Infantile mortality rate for the various districts in the year
1927.**

Urban Districts.		Rural Districts.	
Boston	62	Boston	60
Spalding	25	Spalding	73
Holbeach	44	East Elloe	104
Long Sutton	39	Crowland	101
Sutton Bridge	71		
Whole County 63			

**Table showing Infantile Mortality-rate in Holland County
since 1912, compared with that in England and Wales
for the same period.**

Year	Population	No. of Births	Deaths under one year	Infant Mortality Rate	Inf. Mortality Rate for England and Wales
1912	83,543	1995	180	90	95
1913	84,104	2015	191	95	109
1914	84,672	2067	188	91	105
1915	81,052	1849	174	94	110
1916	85,372	1824	116	64	91
1917	85,577	1534	146	91	97
1918	86,097	1591	137	86	97
1919	85,277	1629	132	81	89
1920	85,125	2105	158	75	80
1921	85,461	2061	160	78	83
1922	86,051	1966	128	65	77
1923	86,660	1898	121	64	69
1924	87,400	1817	119	65	75
1925	87,680	1866	117	63	75
1926	87,460	1730	136	79	70
1927	88,060	1660	106	63	69

Table of POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS DISEASES coming to the knowledge of the Medical Officer of Health during the Year 1905, in the Urban Sanitary District of the Borough of Heywood, classified according to Diseases, Ages, & Localities.

[illegible]

TABLE B. Infectious Diseases notified in Holland County for the year ending 31st December, 1927

District.	Small Pox	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Puerperal Pyrexia.	Encephalitis Lethargica	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Pneumonia	Acute Poliomyelitis.	Total	Whether there is an Isolation Hospital for infectious diseases.	Total available beds.	Number of diseases that can be treated concurrently.
Urban Districts.																	
Boston	1	8	20	2	..	1	..	2	33	6	13	..	86	Yes	*17	2
Spalding	49	7	27	..	1	..	1	6	15	7	3	1	117	Yes	6	1
Holbeach	1	16	..	..	..	..	1	7	2	2	2	31	..	†10	2
Long Sutton	1	1	3	..	..	..	..	..	3	2	..	..	10	..	†	..
Sutton Bridge	4	..	3	..	..	..	1	..	5	1	1	..	15	..	†	..
Rural Districts.																	
Boston	2	6	46	1	3	1	3	3	30	6	15	..	116	..	*	..
Spalding	12	3	60	..	..	..	1	..	26	6	3	..	111	Yes	§4	1
East Elloe	2	..	15	..	..	..	..	2	5	3	2	..	29	..	†	..
Crowland	49	1	1	1	..	1	5	..	1	1	60	..	†	..
..	..	71	26	239	4	5	3	6	15	129	33	40	4	575			

* These contribute to a joint Hospital situated at Boston.

† These contribute to a joint Hospital situated at Fleet (Holbeach).

‡ This Authority pays a yearly fee for the admission of small-pox and other fever cases to the Peterborough Fever Hospital.

§ This Authority contributes to a joint Hospital situated at Bourne.

INFECTIOUS DISEASES.

SMALL POX.

No cases of this disease were notified during 1927. Cases of small-pox have been notified as occurring in members of the tramp population in various parts of the country and it is quite possible that cases may occur in this area. Vaccination, however, still continues to be neglected, and an outbreak of small-pox would find a large portion of the population in the County unprotected. If vaccination and re-vaccination are practised small-pox is one of the diseases most easily combatted:

ENTERIC FEVER.

Four (4) cases of this disease were notified during 1927, two of which died.

Year	Cases	Deaths	Case Mortality per cent.
1912 ..	20	5	25
1913 ..	12	3	25
1914 ..	22	5	22.8
1915 ..	10	2	20
1916 ..	11	3	27.3
1917 ..	7	2	28.6
1918 ..	10	4	40
1919 ..	5	—	—
1920 ..	6	2	33
1921 ..	5	2	40
1922 ..	7	—	—
1923 ..	6	—	—
1924 ..	2	1	50
1925 ..	2	—	—
1926 ..	4	2	50
1927 ..	4	2	50

SCARLET FEVER.

Notifications of this disease numbered 239 during the year. There was only one death.

Year	Cases	Deaths	Case Mortality per cent.
1912 ..	151	2	1.3
1913 ..	123	1	.8
1914 ..	351	10	2.9
1915 ..	419	7	1.7
1916 ..	148	2	1.5
1917 ..	76	—	—
1918 ..	60	2	3.3
1919 ..	67	—	—
1920 ..	144	2	1.4
1921 ..	115	1	.9
1922 ..	124	—	—
1923 ..	83	—	—
1924 ..	139	1	.7
1925 ..	137	2	1.4
1926 ..	120	1	.8
1927 ..	239	1	.4

DIPHTHERIA AND MEMBRANOUS CROUP.

The number of notifications was slightly less than in 1926, being 71 as compared with 73. There were, however, 4 deaths giving a case mortality of 5.6 per cent.

69 per cent. of the total notifications were from the Spalding Urban District where cases cropped up at irregular intervals during a period of several months. In view of this a memorandum on Schick testing and immunization was prepared and submitted to the Health Committee. The Committee after due consideration recommended that the attention of all Urban Authorities in the County should be drawn to this very valuable weapon for combating the disease.

The memorandum is printed in full in an appendix on page 57.

Year	Cases	Deaths	Case Mortality per cent.
1912 ..	104	4	3.8
1913 ..	156	15	9.6
1914 ..	148	15	10.1
1915 ..	102	9	8.8
1916 ..	55	10	18.2
1917 ..	43	7	16.3
1918 ..	27	6	22.2
1919 ..	185	6	3.2
1920 ..	116	9	7.8
1921 ..	58	7	12.1
1922 ..	82	8	9.7
1923 ..	54	1	1.8
1924 ..	38	4	10.5
1925 ..	69	2	2.7
1926 ..	73	3	4.1
1927 ..	71	4	5.6

OPHTHALMIA NEONATORUM.

During the year 15 cases of ophthalmia were notified and of these one received institutional treatment under the scheme provided by the County Council and one was admitted to the Holbeach Union Infirmary.

Cases.			Vision unim- paired.	Vision im- paired.	Total blind- ness.	Deaths
Notified	Treated					
	At home	In hospital				
15	13	2	15	Nil	Nil	Nil

I have reason to believe that some midwives and occasionally a doctor do not notify cases of ophthalmia unless in their opinion the condition is caused definitely by the gonococcus.

Ophthalmia of the newly born covers *all* cases of inflammation of the baby's eyes occurring within 21 days of the birth of the child. It is thus possible, in fact very probable, that quite a number of mild cases of inflammation of the eyes are never notified at all.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

During the year 5 cases of puerperal fever were notified of which 2 died. These figures do not include deaths from other diseases and accidents of pregnancy and parturition, of which 2 occurred during the year. Three cases of puerperal pyrexia were notified.

Under the arrangements made with the Board of the Boston Hospital for the admission of cases of puerperal fever and puerperal pyrexia 2 such cases were admitted during the year.

Year	Cases notified	Deaths	Case mortality per cent.
1912 ..	3	1	33
1913 ..	2	1	50
1914 ..	4	1	25
1915 ..	3	2	66
1916 ..	2	—	—
1917 ..	2	—	—
1918 ..	2	2	100
1919 ..	2	1	50
1920 ..	4	3	75
1921 ..	1	1	100
1922 ..	—	—	—
1923 ..	1	1	100
1924 ..	4	1	25
1925 ..	3	3	100
1926 ..	2	1	50
1927 ..	5	2	40

MEASLES.

In no area in the County is this disease notifiable. No deaths were registered during the year.

WHOOPING COUGH.

This disease was prevalent throughout the County during the greater part of the year and accounted for 13 deaths, all of which were children aged 2 years or under.

PNEUMONIA (all forms).

During the year 40 cases of pneumonia were notified, whilst 54 deaths were registered.

INFLUENZA.

This disease was epidemic in the County during the first few months of the year. On the whole the disease was more severe than during the latter end of the previous year.

79 deaths from influenza were registered during the year and of these 63 were in persons of 25 years of age and upwards.

ENCEPHALITIS LETHARGICA.

6 cases of this disease were notified during 1927, 5 of whom died, giving a case mortality of 83 per cent.

DIARRHOEA.

Diarrhoea was responsible for the deaths of 9 infants under two years of age. No epidemic occurred in any area in the County.

CANCER.

Cancer has the unenviable notoriety of holding second place in the list of killing diseases in this area. During 1927, 138 deaths were registered, an increase of 22 as compared with 1926. This figure is 12 per cent. of the total deaths registered during the year and gives a mortality rate of 1.6 per 1,000 of the population (a slight increase as compared with the previous year).

Table showing the chief killing diseases in Holland County during 1927.

Disease.	Total number of deaths.
Heart Disease	150
Cancer	138
Influenza	79
Tuberculosis (all forms)	75
Bronchitis	56
Pneumonia (all forms)	54

CAUSES OF DEATH AT EACH AGE-PERIOD AND IN EACH DISTRICT, 1927

CAUSES OF DEATH.	All Ages.										Urban Districts.				Rural Districts.			
	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and upwards.	Boston.	Spalding.	Holbeach.	Long Sutton.	Sutton Bridge.	Boston.	Spalding.	East Ellce.	Crowland.
Enteric Fever .....	..	..	..	..	..	1	1	..	2	2	..	..	..	..	..	..	..	..
Measles .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	8	2	3	..	..	..	..	..	13	5	..	..	..	..	2	3	1	1
Whooping Cough .....	..	..	3	..	..	..	..	..	4	15	..	..	..	..	15	10	18	..
Diphtheria	6	2	2	1	4	17	13	14	79	15	9	3	5	4	3	1	..	..
Influenza .....	..	..	2	..	2	..	..	..	5	..	1	..	..	..	1	1	..	..
Encephalitis Lethargica	1	1	1	..	15	26	14	1	57	15	..	3	..	2	16	9	3	1
Meningococcal Meningitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis of Respiratory System .....	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases .....	..	2	4	2	4	4	1	54	18	2	4	..	2	1	5	4	..	..
Cancer, malignant disease .....	..	..	..	..	..	8	42	34	138	38	21	5	5	4	35	20	8	2
Rheumatic Fever .....	..	..	..	1	1	..	2	1	3	1	1	..	..	..	..	..	1	..
Diabetes .....	..	..	..	..	..	1	2	6	14	5	3	3	1	..	..	..	2	..
Cerebral Hemorrhage .....	..	..	..	1	..	1	17	29	70	19	9	8	2	..	14	15	3	..
Heart Disease .....	..	..	..	..	..	3	36	48	150	37	24	12	1	2	34	20	12	8
Arterio-sclerosis .....	..	..	..	..	..	..	3	15	26	4	6	1	..	..	5	2	2	6
Bronchitis	10	2	..	..	..	..	4	34	56	10	5	6	..	4	18	6	4	3
Pneumonia (all forms)	12	5	5	..	1	5	10	9	54	7	7	5	2	..	17	11	4	1
Other Respiratory Diseases .....	..	1	..	..	..	2	7	2	14	4	1	..	2	..	6	1	..	..
Ulcer of Stomach or Duodenum .....	..	..	..	..	..	..	2	..	7	2	..	..	..	2	3	..	..	..
Diarrhoea &c. (under 2 years)	7	2	..	..	..	..	..	..	9	3	..	..	..	..	3	..	2	1
Appendicitis and Typhlitis .....	..	..	1	1	2	2	2	..	10	5	2	..	..	..	1	2	..	..
Cirrhosis of Liver .....	..	..	..	..	..	1	5	4	3	3	..	3	..	..	3	7	1	..
Acute and Chronic Nephritis .....	..	1	..	..	..	..	..	..	20	2	..	3	..	..	..	1	2	..
Puerperal Sepsis .....	..	..	..	..	..	..	..	..	2	..	1	1	..	..	..	1	..	..
Other accidents & diseases of Pregnancy & Parturition	43	..	..	..	..	2	..	..	43	7	2	..	1	3	9	7	10	2
Congenital Debility and Malformation. Prem. Birth .....	..	..	..	..	..	3	6	..	13	3	5	1	2	..	2	6	2	..
Suicide	2	..	1	3	4	8	8	1	35	7	3	2	3	1	11	31	24	8
Other deaths from Violence	17	3	5	3	8	17	28	26	230	45	30	19	12	9	52	31	2	..
Other Defined Diseases .....	..	..	..	..	..	..	1	123	3	..	1	..	..	..	1	1	..	..
Causes ill-defined or unknown .....	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
All Causes	106	21	27	14	42	106	202	222	343	1083	146	73	41	32	256	160	100	34

TUBERCULOSIS.

The work of the Council in connection with this disease has been considerably extended during 1927. A new Dispensary has been opened at Donington and extra sessions (to meet the convenience of those engaged in work during the day) have been held at the Boston Dispensary in the evenings.

The times and places at which Dispensaries are now open is shown on page 8.

Attendance at Dispensaries, 1927.

			New Cases*	Total Attendances.
Boston	.....	.....	331	663
Spalding	.....	.....	164	358
Donington	.....	.....	10	25
			<hr/>	<hr/>
			505	1046
			<hr/>	<hr/>

* including contacts.

The total attendances at Dispensaries have been much greater than ever before and show an increase of 179 and 312 as compared with those for 1926 and 1925 respectively.

There were 75 deaths from all forms of tuberculosis during the year, and of these 32 died within six months of notification, a further 11 within twelve months of notification and 6 were not notified at all.

This state of affairs is very unsatisfactory indeed, and only shows how important it is to realise that the disease is often very insidious in its onset. The education of the public in this matter is of paramount importance if the disease is to be detected at a sufficiently early stage to make a cure possible.

Where the disease is firmly established the diagnosis does not as a rule present much difficulty, but unfortunately the prospect of a cure is by this time a remote one. Even only as far as pulmonary tuberculosis is concerned there is a great deal to be said for periodical medical examinations of all members of the community. I feel certain that in this area the institution of such examinations would reveal many more cases of tuberculosis than we are cognisant of at the present time.

There appears to be a feeling among certain sections of the community that because a person is attending at one of the Dispensaries he or she is necessarily suffering from one or other form of tuberculosis. This is a totally erroneous impression as quite a large number of Dispensary patients are found not to be suffering from the disease, whilst a further number attend for observation purposes, their condition being one of quiescence, the result of early treatment.

No stigma should attach to any person for availing himself of the facilities for diagnosis provided by the Council, in fact he should be congratulated on his foresight in attending at the Dispensary for this purpose.

Dr. Kynaston, reporting on his work, states *inter alia* :—

“ It is to be regretted that no Convalescent Home is available to which debilitated and pre-tuberculous children could be sent for a short period. There are many children who would derive great benefit and whose resistance to tuberculosis could be built up by a change of air and adequate feeding and rest. Here, with several bracing seaside resorts at our borders, the voluntary equipment and maintenance of some small home would be of the utmost value Still playing an important part in delaying the eradication of tuberculosis are its allies, overcrowding and malnutrition. Many instances are found where bad housing and small family income have enabled the tubercle bacillus to work much havoc.”

CONTACTS.

The number of contacts examined during the year increases steadily as will be seen by a comparison between the figures for 1927 and 1926 which are 208 and 129 respectively.

This work is a most important part of an anti-tuberculosis campaign and is a means whereby cases can be detected in the earliest stages.

SHELTERS.

There are 27 shelters in use in the County and these were occupied by 48 patients during the year.

HOME VISITING.

The Tuberculosis Officers paid 1,035 visits to patients in their own homes, and 2,114 visits were paid by the Health Visitors.

EXTRA NOURISHMENT.

One or two pints of milk are granted to necessitous cases after careful enquiry as to home conditions.

During 1927 milk so supplied to 24 patients (for varying periods) cost £63/7/5.

TABLE C.

Return showing the work of the Dispensaries during the year 1927.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New Cases examined during the year (excluding contacts) :—												
(a) Definitely tuberculous	55	52	10	6	9	7	11	8	64	59	21	14
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	14	12	12	13
(c) Non-tuberculous	—	—	—	—	—	—	—	—	17	15	23	26
B.—Contacts examined during the year :—												
(a) Definitely tuberculous	1	—	1	—	—	—	—	—	1	—	1	—
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	6	4	7	9
(c) Non-tuberculous	—	—	—	—	—	—	—	—	29	32	66	53
C.—Cases written off the Dispensary Register as												
(a) Cured	13	6	1	—	3	3	1	1	16	9	2	1
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	—	—	—	—	—	—	—	—	61	58	104	95
D.—Number of Persons on Dispensary Register on December 31st :—												
(a) Diagnosis completed	124	122	30	21	26	21	17	16	150	143	47	37
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	8	7	8	5

- 1.—Number of persons on Dispensary Register on January 1st—347.
- 2.—Number of patients transferred from other areas and of "lost sight of" cases returned—8.
- 3.—Number of patients transferred to other areas and cases "lost sight of"—30.
- 4.—Died during the year—72.
- 5.—Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months—29.
- 6.—Number of attendances at the Dispensary (including Contacts)—1046.
- 7.—Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision—Nil.
- 8.—Number of attendances at General Hospitals or other Institutions approved for the purpose, of patients for (a) "Light" Treatment, (b) Other special forms of treatment—Nil.
- 9.—Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary—Nil.
- 10.—Number of consultations with medical practitioners :—
 - (a) At Homes of Applicants—55.
 - (b) Otherwise—84.
- 11.—Number of other visits by Tuberculosis Officers to Homes—896.
- 12.—Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes—2114
- 13.—Number of
 - (a) Specimens of sputum, etc., examined—126.
 - (b) X-ray examinations made in connection with Dispensary work—21.
- 14.—Number of Insured Persons on Dispensary Register on the 31st December—144.
- 15.—Number of Insured Persons under Domiciliary Treatment on the 31st December—62.
- 16.—Number of reports received during the year in respect of Insured Persons :
 - (a) Form G.P. 17—29.
 - (b) Form G.P. 36—235.



Return showing the immediate results of treatment of patients and of observation of doubtful cases discharged from Residential Institutions during the year 1927.

Observation for purpose of diagnosis

AFTER CARE.

I regret that nothing further has developed in connection with this important work and should here like to quote the remarks which I made in my last Report :—

“ An After-Care Committee would be able to review all deserving cases, in conjunction with the Tuberculosis Officers, and could assist in any of the following ways :—

- (a) Provision of beds and bedding.
- (b) Extra nourishment, *e.g.*, milk and eggs.
- (c) Convalescent treatment.
- (d) Clothing for those awaiting admission to sanatorium.
- (e) Railway fares.
- (f) Assistance for families when a wage-earner is undergoing treatment.
- (g) Provision of suitable employment for patients on discharge from sanatorium, etc., etc.

Such a voluntary Committee would, I am confident, never appeal in vain to the public for funds and would enable the benefit obtained as a result of sanatorium treatment to be put to good use and not wasted, as is so often the case at the present time.”

DEATH-RATE FROM TUBERCULOSIS (all forms.)

Year	Holland County	England and Wales
1912 ..	1.26	1.37
1913 ..	1.05	1.36
1914 ..	.88	1.37
1915 ..	1.11	1.52
1916 ..	1.11	1.53
1917 ..	1.23	1.63
1918 ..	1.15	1.70
1919 ..	1.37	1.26
1920 ..	1.24	1.14
1921 ..	1.11	1.14
1922 ..	.97	1.12
1923 ..	.88	1.06
1924 ..	.98	1.05
1925 ..	.93	1.04
1926 ..	.77	.96
1927 ..	.85	—

DEATH-RATE FROM TUBERCULOSIS (Pulmonary).

Year	Holland County	England and Wales
1912 ..	.85	1.03
1913 ..	.65	1.00
1914 ..	.63	1.03
1915 ..	.88	1.14
1916 ..	.91	1.16
1917 ..	.86	1.24
1918 ..	.88	1.32
1919 ..	1.06	.98
1920 ..	.95	.88
1921 ..	.82	.89
1922 ..	.66	.89
1923 ..	.68	.84
1924 ..	.76	.80
1925 ..	.75	.83
1926 ..	.54	.77
1927 ..	.65	—

DEATHS FROM TUBERCULOSIS. (Holland County).

Year	Deaths from Pulmonary Tuberculosis.	Deaths from Other Forms
1912 ..	71	35
1913 ..	55	33
1914 ..	53	32
1915 ..	71	26
1916 ..	78	25
1917 ..	72	22
1918 ..	88	21
1919 ..	87	25
1920 ..	81	25
1921 ..	70	25
1922 ..	57	27
1923 ..	59	17
1924 ..	66	20
1925 ..	66	16
1926 ..	47	21
1927 ..	57	18

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912, AND PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS (No. 2), 1918.

Summary of Notifications during the period from the 3rd January, 1927, to the 1st January, 1928, in the County of Holland, Lincs.

Notifications on Form A.													
AGE-PERIODS.	Number of Primary Notifications.										Total Notifi- cations on Form A		
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65		65 and upwards	Total Primary Notifications.
Pulmonary Males..	—	2	6	3	11	11	12	8	11	4	—	68	71
“ Females	—	1	3	1	6	12	18	10	4	2	2	59	60
Non-Pulmonary Males	—	5	1	5	3	—	2	1	—	—	—	17	17
“ Females	—	—	3	4	1	1	5	1	—	—	—	15	15

Notifications on Form B.					Number of Notifications on Form C		
AGE-PERIODS.	Number of Primary Notifications.				Total Notifi- cations on Form B	Poor Law Institutions.	Sanatoria.
	Under 5	5 to 10	10 to 15	Total Primary Notifications.			
Pulmonary Males..	—	—	1	1	1	—	37
“ Females ..	—	1	—	1	1	—	35
Non-pulmonary Males..	—	—	—	—	—	—	2
“ Females ..	—	1	—	1	1	—	5

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TUBERCULOSIS. New Cases and Mortality during 1927.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1.....	—	—	—	—	—	—	—	—
1—5.....	2	1	5	1	1	—	3	3
5—10.....	6	4	1	4	—	—	—	—
10—15.....	4	1	5	4	—	—	2	—
15—20.....	11	6	3	1	2	2	1	—
20—25.....	11	12	—	1	5	6	3	—
25—35.....	13	19	2	5	5	7	—	—
35—45.....	9	10	2	1	7	7	2	2
45—55.....	11	4	1	—	7	2	1	—
55—65.....	4	2	—	—	4	1	—	—
65 and upwards	—	2	—	—	—	1	—	1
Totals	71	61	19	17	31	26	12	6

There were 6 non-notified tuberculosis deaths which were 8 per cent. of the total tuberculosis deaths. These 6 deaths were all investigated and I was satisfied in each case that there was no evidence of wilful neglect or refusal to notify. Notification in the area is efficient.

HOLLAND SANATORIUM.

This institution which has now been open for six years continues to do much good work in preventing the spread of tuberculosis. Most of the cases admitted are of the advanced type, and by this means many families have been saved from repeated massive doses of the tubercle bacillus. During the past year it has been possible to use one of the two-bedded wards for the supervision of a few suspicious cases, thus enabling a definite diagnosis to be made, and 3 cases were so dealt with.

Of the remaining 36 patients passing through the Sanatorium during the year 2 were discharged with the disease quiescent, 14 were improved, 6 showed no material improvement and the remaining 14 died.

I should again like to express my thanks to those ladies and gentlemen who have so generously given of their services in order to entertain the patients. The value of this work cannot be over-estimated especially in an institution into which so many advanced cases of tuberculosis are received. Many thanks are also due to the leaders of the various denominations for the holding of religious services on Sundays and at other times.

The cost per patient week for the year ending March 31st, 1927, was £2/12/6, and it is anticipated that a further reduction will have been effected for the year ended 31st March, 1928.

In addition to the 24 beds at the Holland Sanatorium the Council also provided treatment in Out-County Sanatoria (20 beds) as shown in the Table on page 33.

Of these 20 beds, 6 on an average, are used for cases of the non-pulmonary type of the disease.

HOLLAND SANATORIUM.

Table showing admissions, discharges, etc., for year ending December 31st, 1927.

Domicile of Patients	In Sanatorium Jan. 1st, 1927	Admitted during 1927	Discharged	Died	In Sanatorium Dec. 31st, 1927	Number under Treatment during year
Holland	16	39	23	14	18	55
Lindsey	5	11	9	1	6	16
Total	21	50	32	15	24	71

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action taken.

PUBLIC HEALTH ACT, 1925.

No action taken.

MINISTRY OF PENSIONS.

Many ex-Service men suffering from tuberculosis are examined by the Tuberculosis Officers on behalf of the Ministry of Pensions.

The extent of this work is shown in the following table :—

Description of Certificate.	Number of Certificates issued.
M.P.M.S.D. 28	15
M.P.A. 36, T.O.	3
M.P.M.S.D. 122.....	7
Total.....	25

RESIDENTIAL INSTITUTIONS.

(A) AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS DURING THE YEAR 1927.

	Observation.	Pulmonary Tuberculosis.		Non Pulmonary Tuberculosis.		Total.
		"Sanatorium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions.	
Adult Males	{ 1 }	4	9	1	{ 1 }	14
Adult Females		5	8	1		16
Children under 15		5	—	3		8
Total	1	14	17	5	1	38

(B) RETURN SHOWING THE EXTENT OF RESIDENTIAL, TREATMENT DURING THE YEAR
1927.

		In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of Patients	Adults	M.	31	21	9	17
		F.	33	25	6	11
	Child- ren	M.	6	6	—	5
		F.	6	4	—	6
Number of Observation Cases	Adults	M.	—	—	—	—
		F.	2	—	—	2
	Child- ren	M.	—	—	—	—
		F.	1	1	—	—
Total		34	79	57	15	41

VENEREAL DISEASES.

Persons resident in the County and who are suffering from venereal disease can obtain treatment at the following Clinics :—

V.D. Clinics.

Time Table.

Peterborough 28, Fitzwilliam Street.

Men—Tuesdays and Fridays : 6 p.m. to 7 p.m.

Women and Children—Tuesdays and Fridays : 5 p.m. to 6 p.m.

Intermediate treatment for males : 6 p.m. to 7 p.m. daily.

Intermediate treatment for females : At times to suit patients.

Lincoln Beaumont Tree.

Males—Mondays and Thursdays : 5 p.m.

Women and Children—Mondays and Thursdays : 12.30 p.m.

In connection with this work the following examinations were made for medical practitioners :—

Wassermann Reactions 2

Smears for Gonococcus 1

Railway fares amounting to £153/2/2 were refunded to patients who were unable to bear the cost.

No application has been received from medical practitioners for the free supply of arseno-benzol compounds.

Abstract relating to persons treated at the Venereal Diseases Treatment Centres.

	Lincoln	Peterborough Other centres
A. Number of persons dealt with for the first time and found to be suffering from—		
Syphilis	6	4
Soft Chancre	—	—
Gonorrhœa	4	9
Conditions other than venereal	3	3
Total	13	16
B. Attendances of all patients.....	249	784
C. Aggregate in-patient days.....	—	—
D. Number of Doses of arseno-benzol		
substitutes Out-patients ..	94	103
In-patients ..	—	—

The figures in the foregoing table by no means represent the total number of cases of venereal diseases occurring in the County, as a certain number of patients receive treatment from medical practitioners.

VENEREAL DISEASE ACT, 1917.

No action taken.

MATERNITY AND CHILD WELFARE.

MIDWIVES ACTS, 1902 AND 1908.

and

MIDWIVES AND MATERNITY HOMES ACT, 1926.

The work under these Acts is carried out by the County Medical Officer who is also Inspector of Midwives. Some of the midwives in the south of the County are however inspected by Dr. Esther Ashworth, an Assistant County Medical Officer. In addition to the ordinary inspections, special enquiries are made in all cases of rise of temperature, still-birth, inflammation of the eyes and death of the child, and where the midwife has notified the local authority that she has rendered herself liable to be a source of infection.

During the year 18 midwives notified their intention to practise in the County, but of this number 7 were doing holiday duty.

81 visits of inspection were paid to midwives, and in all cases the work of these women was satisfactory. Generally speaking the work in connection with ante-natal examinations is better but there is still much room for improvement.

In connection with the Births and Deaths Registration Act, 1926, the following memorandum was sent to all midwives practising in the area :—

“ Under the above-mentioned Act, which comes into force on July 1st, 1927, all still-births must be registered by the Registrar of Births and Deaths, and I desire to draw your attention to the importance of giving to the relatives the prescribed certificate in every case in which you attend a still-birth if no such certificate has been given by a registered medical practitioner.

For the purposes of the Births and Deaths Registration Acts, births fall into three classes :—

- (a) A child who, whatever the period of pregnancy, breathes or shows any other signs of life after complete expulsion from the mother, is a live-born child, and the birth must be registered by the Registrar of Births and Deaths. If the child dies, even within a brief period only after birth, both the birth and the death must be registered by the Registrar of Births and Deaths.
- (b) The birth of a child before the end of the twenty-eighth week of pregnancy, which did not breathe or show signs of life after complete expulsion from the mother, need not be registered.
- (c) The birth of a child after the twenty-eighth week of pregnancy, which after complete expulsion from the mother did not breathe or show any signs of life, is a “ still-birth ” and must be registered by the Registrar of Births and Deaths. In these cases the midwife should give the prescribed certificate, if she was in attendance at the birth and no such certificate is being given by a registered medical practitioner.

A still-born child may not be buried in a burial ground on and after the 1st July next until a certificate of the registration of the still-birth has been obtained from the Registrar of Births and Deaths and delivered to the person having control over the burial ground. In certain circumstances a certificate (which will serve the same purpose) can be obtained from the Registrar that he has received notice of the still-birth.

The giving of a certificate of a still-birth to the relatives will not relieve the midwife of the duty, in accordance with Rule E. 22 (c) of the Rules of the Central Midwives Board, of notifying the Local Supervising Authority of all cases of still-birth where a registered medical practitioner is not in attendance at the time of birth, nor of her duty, under section 1 (1) and (5) of the Notification of Births Act, 1907, to notify the Medical Officer of Health of the District in which the still-birth occurred."

In a County such as Holland where distances from the nearest medical practitioner are apt to be great the problem of the unqualified woman is ever present, the plea of "sudden or urgent necessity" being a very strong one.

I am convinced that the real solution of the problem lies in the formation of many more Local District Nursing Associations with a resident midwife.

I am glad to report that a new Nursing Association is in the process of being formed in the Holbeach Bank district and that the County Council are to make an annual grant for this purpose.

The Spalding Nursing Association is again to be congratulated on another year's most successful work. This Association which receives an annual grant of £20 from the County Council is of inestimable benefit to the inhabitants of the town and immediate neighbourhood.

The total number of births notified in the County during the year (excluding the Borough of Boston) was 1,407 of which 329 (23 per cent.) were attended by midwives.

In the Spalding Urban District, however, 204 births were notified and of these 176 (86 per cent.) were attended by midwives.

Classification of the Cases for which Medical Help was sought during the year 1927.

PREGNANCY.

Abortion	.....	.....	.....	.....	3
Swelling of Legs	.....	.....	.....	.....	3
Other abnormalities	.....	.....	.....	.....	1
					— 7

LABOUR.

Malpresentation	.....	.....	.....	3
Excessive bleeding	.....	.....	.....	5
Retained placenta	.....	.....	.....	3
Ruptured perineum	.....	.....	.....	17
Delay in Labour	.....	.....	.....	23
				—51

LYING-IN.

Rise of temperature	.....	.....	.....	1
Other complications	.....	.....	.....	2
				— 3

THE CHILD.

Dangerous feebleness	7
Inflammation of eyes	13
Still birth	5
Other abnormalities	3
				—28

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Claims for the payment of fees in accordance with Section 14 of the Midwives Act, 1918, were received from 14 medical practitioners to the amount of £98/9/0. This shows an increase of £33/17/0 as compared with 1926. The sum of £9/1/6 was recovered from patients.

In the 8 cases of inflammation of the eyes adequate treatment was obtained and in no case did damage to sight ensue.

All practising midwives are now supplied with drop bottles containing Argyrol 20% for prophylactic purposes in connection with ophthalmia. The instructions for use (see below) are printed upon the box containing the bottle.

HOLLAND COUNTY COUNCIL.**Public Health Department.****ARGYROL 20% (Eye drops).****DIRECTIONS FOR USE.**

The bottle should be held in such a manner that it is completely enclosed by the hand and fingers.

POISON. Not to be taken.

On being inverted the heat of the hand is sufficient to cause a drop to be delivered from the tube.

N.B.—The bottle should never be more than two-thirds full of fluid.

Births notified during 1927—1,317.

Births registered during 1927—1,354.

The following Table shows the number of visits and re-visits paid to infants by the Health Visitors during 1927 :—

To children under 1 year—first visits	1430
Re-visits	4540
To children from 1 to 5 years	5419
Total.....	11,389

This shows an increase of 4,713 infant visits as compared with the number made during 1926.

The attendances at the Welfare Centres during 1927 are as follows :—

	Spalding	Long Sutton
Number of Sessions	45	46
NEW CASES :		
Mothers	83	33
Children under 1 year	61	30
Children over 1 year	38	10
OLD CASES :		
Mothers	808	121
Children under 1 year	520	85
Children over 1 year	684	42
Number of Consultations	313	76
Number of Health Talks	10	18
Ante-natal Attendances	11	5

BOSTON CENTRE.

Attendances of mothers and babies resident in the Rural District

New babies attending Centre

Attendance of babies with mothers seen by Medical Officer weekly or monthly as required

All other attendances of mothers with babies

The work at all the Infant Welfare Centres has progressed very satisfactorily during the year, and the advice of the Medical Officers and Nurses is sought by mothers with ever-increasing frequency. Ante-natal work has not developed as rapidly, and this is due solely to the lack of accommodation for making the necessary clinical examinations. I hope that this difficulty will be overcome during the coming year so that pregnant women coming for advice may be examined under conditions of privacy and with complete comfort to themselves.

As a result of the work which has been done in the past few years I think it is now evident that an Infant Welfare Centre could with advantage be established at Holbeach.

I should like to express my sincere thanks to all those ladies in Spalding and Long Sutton who, by their voluntary services, at the two clinics, have done so much to make them the successes they undoubtedly are.

Dr. Esther Ashworth reports as follows in connection with her work at the Centres :—

“ Owing to removals to the new property on the outskirts of Spalding many mothers, who used to attend every week, now find that the distance prevents their attendance more frequently than every month or fortnight. In spite of this fact the attendance at the centre continues high.

A pleasing feature has been the increased number of children aged 2--5 years, whose mothers have brought them for inspection at half-yearly intervals, until they come under the supervision of the School Medical Officer. This continued interest in the child's welfare, after the novelty of the first baby has passed, is very encouraging.

The number of consultations at the centre have made it difficult to expand the Health Talk and demonstration aspect of the work in the time at our disposal.

Several mothers from the Holbeach district have attended this clinic, and expressed a hope that arrangements may be made for a small Infant Welfare Clinic to be held at an early date in Holbeach.

There is a real keenness and enthusiasm among the mothers who attend the Long Sutton Clinic, that, to a certain extent, compensates for their small numbers. It is a matter for regret that so few of the town-dwellers avail themselves of the services of the Clinic. The out-lying country folk are dependant on the weather, but the regular attendance of some of these mothers living 4 miles away, is remarkable, and shows their appreciation of the work.

One hopes that the recently opened Centre at Crowland will arouse a keen interest in the many aspects of Maternity and Child Welfare work. The attendance has been satisfactory.

The percentage of artificially-fed infants appears to be higher in that area than in Spalding and Long Sutton.

By means of Health Talks and Ante-natal advice it is hoped to encourage the natural method of feeding in subsequent pregnancies.

At all Centres rickets is seen in a diminishing number of cases and then only in its milder types ; and the majority of the babies have been clad in sensible hygienic clothing.

Ante-natal attendances have been few. In the absence of facilities for examination no further development of this branch of the service is possible. Only general advice on the hygiene of pregnancy has been, or can be, given under present circumstances.

FOOD AND DRUGS ACTS.

The official responsible for the administration of these Acts is the Chief Constable of the County, the sampling officers being Police Inspectors. Arrangements have been made, however, to facilitate collaboration between the Chief Constable and the County Medical Officer of Health, with special reference to the type of food and drugs to be sampled, and the district or districts in which such sampling appears to be most needed.

The following information has been taken from the quarterly reports of the County Analyst, Mr. Gerrans, F.I.C. :—

Nature of Articles submitted for Analysis.	By whom submitted	Result of Analysis.	Observations
37 Milk	Inspectors Boston and Spalding	Genuine	
3 Milk	"	Adulterated as under :— (1) 8% extraneous water (2) 6% " " (3) 8% req. fat deficient	
5 Butter	"	Genuine	
1 Margarine	"	Genuine	
2 Margarine	"	Genuine	Boric Acid present under 0.5%
1 Egg Powder	"	Genuine	
2 Bread	"	Genuine	
1 Flour	"	Genuine	
1 Cornflour	"	Genuine	
2 Rice	"	Genuine	
1 Lard	"	Genuine	
1 Tea	"	Genuine	
1 Cheese	"	Genuine	
1 Coffee	"	Genuine	
1 Cocoa	"	Genuine	
1 Pepper	"	Genuine	
1 Honey	"	Genuine	
1 Camphorated Oil	"	Genuine	
3 Whisky	"	Genuine	
2 Brandy	"	Genuine	
2 Gin	"	Genuine	
1 Sweet Nitre	"	Genuine	

The following Table shows the results of proceedings taken in cases where the samples were found to be adulterated :—

Sample.	Adulteration.	Action taken.	Result.
Milk	8% of fat deficient	No proceedings	—
Milk	8% of extraneous water	Vendor summoned	Fined £1
Milk	6% of extraneous water	Vendor summoned	Fined £3
* Gin	51.18 degrees under proof	Vendor summoned	Fined 10/-

* Sample taken during last quarter of 1926.

The application of the terms “ Good,” “ Fair ” and “ Poor ” to samples of milk is based on the following analytical data :—

Non-fatty solids, 8.5% or over :—

With from 3.0 to 3.35% of fat—Poor Quality.

With from 3.35 to 3.8% of fat—Fair Quality.

With from 3.8% and over of fat—Good Quality.

Two of the samples of margarine submitted were found to be of normal composition. They both contained Boric Acid, a preparation of which had been added for preserving purposes, the amount being under 0.5% in each case. Under the new Regulations the presence of Boric Acid in margarine constitutes adulteration. The amount of butter fat in all samples of margarine submitted did not exceed 10% (Section 8, Sale of Food and Drugs Act, 1899).

The sample of gin which was adulterated was found to be 51.18 degrees under proof.

PUBLIC HEALTH (PRESERVATIVES, Etc., IN FOOD) AMENDMENT REGULATIONS, 1926.

There were no cases of infringement of these Regulations in samples submitted. Under the Regulations the *only* preserving agents permitted in food are Benzoic Acid and Sulphur Dioxide, and these only in certain foods and beverages, the amounts allowable being within limits laid down in Schedules of the said Regulations.

When these preservatives are employed the fact must be notified to the purchasers.

DAIRIES, COWSHEDS AND MILKSHOPS.

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

Under Section 3 of this Act arrangements exist for the sampling of milk for examination for the presence of the tubercle bacillus. During the year 18 such samples have been taken and in no case was a positive result obtained either by direct examination or by guinea-pig inoculation.

These good results are to no small extent attributable to the work which is being done under the Tuberculosis Order, 1925. A summary of this work is to be found in the table facing page 43.

MILK AND DAIRIES ORDER, 1926.

Part IV., Sec. 8.

No inspections of cattle under this Section have been made during the year.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

Under this Order a licence to produce "Grade A" milk was again granted to a producer resident in the northern part of the County. This milk is on sale in the Borough of Boston.

This milk which is of a very high standard of purity is not in demand as much as it ought to be. Its keeping qualities alone should appeal to all housewives apart from the fact that it can be drunk with safety without either pasteurisation or boiling.

The value of clean milk was brought to the notice of the public at the County Agricultural Show which was held at Spalding in June. A stall was provided by the Health Department at which pictures, apparatus and literature dealing with the subject were displayed.

RATS AND MICE DESTRUCTION ACT, 1919.

The officers appointed to carry out the provisions of this Act are the Police Superintendents and as a direct result of the efforts of these officials much good work continues to be done.

In order to arouse public interest in the matter of rat destruction, a "rat week" was held, from October 31st to November 5th.

NORTHERN DIVISION OF THE COUNTY.

Prior to the commencement of rat week 200 large posters were exhibited in prominent places throughout the division, and in addi-

tion 800 handbills were distributed to property owners, shopkeepers, etc., requesting the public to assist the Local Authority in ridding the area of rats and mice. As a result of this effort it is estimated that 1,500 rats were killed during the week, and that many persons laid poisons along the lines recommended by the Local Authority. The Clayton gas apparatus owned by the Council was in continuous use during the week. The Rats Officer of this division is of opinion that his area is fairly free from rats, due to a large extent to the fact that several private rat catchers are at work continuously throughout the year.

Efforts in the Borough of Boston did not meet with such enthusiastic support as in the rest of the County, although 200 handbills were distributed and a large number of posters were exhibited on the hoardings.

SOUTHERN DIVISION OF THE COUNTY.

In this division also posters were exhibited in prominent places and handbills distributed among the farmers, etc., and from general enquiries made it would appear that many persons made special efforts, and that quite a large number of rats were killed by means of ferrets, dogs, and various poisons recommended by the Local Authority.

Ironmongers, chemists, dealers, etc., throughout the whole County were circularised asking for their co-operation by exhibiting raticides, traps, etc., and this co-operation was forthcoming in many cases. It was not found possible to exhibit the film dealing with the rat menace during rat week, but the film was shown in the Borough of Boston some few weeks later.

RIVERS POLLUTION PREVENTION ACTS, 1876 and 1893.

Streams in the area liable to pollution were carefully watched during the year and no action was deemed necessary in any case.

MENTAL DEFICIENCY ACTS, 1913 and 1927.

During the year the lack of accommodation for defectives in urgent need of institutional care has been felt as severely as heretofore. In fact, it has only been possible to find places for 12 defectives.

TABLE E.

TUBERCULOSIS ORDER, 1925.

			Number of premises on which disease was reported but not confirmed by Veterinary Inspector.	Number of premises on which disease was declared to exist by Veterinary Inspector.		Total number of Bovine Animals on premises (other than a market, fair, or saleyard).	Total number of animals examined by Veterinary Inspector.	Total number of animals reported as diseased by Veterinary Inspector.					Conclusions from Post-Mortem.					Total number of animals slaughtered.	Total compensation paid.	Total salvage.	
								A	B	C	D	Total number of cases in which the diagnosis was aided by use of Tuberculin.	Total number of Animals.								
													A	B	C	D	E				
								Tuberculosis of the udder.	Giving Tuberculous Milk.	Tuberculous Emaciation.	Chronic cough and showing definite clinical signs of tuberculosis.	Total number of cases in which the diagnosis was aided by use of Tuberculin.	Having tuberculosis of the udder.	Giving tuberculous milk and showing lesions of Tuberculosis.	Suffering from Tuberculous Emaciation.	Affected but not as in columns A, B and C.	Not affected.				
14	82	Cows in Milk	308	150	15	—	8	15	18	16	—	7	15	—	38	121	5	0	40	12	0
		Other Cows or Heifers	493	396	5	—	15	3	4	5	—	15	3	—	23	62	5	0	18	18	6
		Other Bovine Animals	1124	577	—	—	20	6	7	—	—	20	6	—	26	70	15	0	12	11	0
14	82		1925	1123	20	—	43	24	29	21	—	42	24	—	87	£154	5	0	£72	1	6

As a result of long deliberations between the Board of Control, the County Councils of Lindsey, Kesteven and Holland and the Councils of the County Boroughs of Grimsby and Lincoln, the provision of an institution for the whole County has now become a question of practical politics.

The Lincolnshire Joint Board for the Mentally Defective Order, 1927, came into force on March 1st, 1928.

Under this Order the Joint Board will provide an institution, the cost of which will be divided amongst the several authorities on a population basis (Holland will be called upon to contribute 14.3%).

All expenses of the Joint Board in connection with the maintenance of defectives will be contributed by the constituent Authorities in proportion to the number of defectives maintained in the institution and for which the said Authorities are respectively responsible.

Under the principal Act the work of ascertainment and classification by the Medical Officer, assisted by Health Visitors, School Attendance Officers, Relieving Officers, School Teachers, etc., etc., has progressed steadily during the year, and the Table on page 47 shows how defectives in the County are at present dealt with.

The object of the Mental Deficiency Act of 1927 is to remove certain defects in the principal Act which experience has brought to light and also to enlarge the powers of the Local Authority.

Section I. of the Act substitutes new definitions for those contained in Section I. of the principal Act. The new definitions avoid the use of the expression "from birth or from an early age," an expression which has given rise to many difficulties and differences of opinion.

Mental defectiveness for the purposes of the Act is now defined as follows :—

"Mental defectiveness" means a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes, or induced by disease or injury ;
and this definition must be read into paragraphs (a), (b), (c) and (d) of Sec. 1 (1) of the principal Act.

Cases of mental defect of any age may therefore be dealt with if there is evidence to show that the defect existed before the age of eighteen.

From the new definition it will thus be seen that cases of mental defect arising from encephalitis lethargica, epilepsy or other diseases are clearly brought within the Act. In the present state of our knowledge, institutions for defectives offer the most appropriate places so far provided for the care and training of post-encephalitic cases.

In connection with the definitions the Board of Control desires to emphasize the fact that mental defect, within the meaning of the Act, may exist in persons of some—or even considerable—intellectual capacity. The criterion, except in the case of feeble-minded children, is whether the individual is so mentally defective that he requires care, supervision and control.

It is also important to note that a slight enlargement of the class of persons who are subject to be dealt with is made by including any patient with respect to whom a representation has been made to the Local Authority by his parent or guardian that he is in need of care or training which cannot be provided in his home. Prior to the new Act the Local Authority could only deal with such a case if it was “neglected, abandoned, or without visible means of support, or cruelly treated.”

Section IV. amends Section 6 of the 1913 Act and provides that the consent of the parent or guardian may be dispensed with if, by reason of his being abroad, any attempt to obtain his consent would result in undue delay in dealing with a petition or Order.

Section VI. amends Section II. of the principal Act and provides that defectives, who are due for a special report and certificate by the Medical Officer of the institution and who happen to be absent from the institution on leave or otherwise, may be examined by a duly qualified Medical practitioner residing in the locality where the defective is for the time being, instead of being brought back to the institution for examination.

MENTAL DEFICIENCY ACT, 1913.

The work of Ascertainment and Classification by the Medical Officer, assisted by Health Visitors, School Attendance Officers, Relieving Officers, School Teachers, etc., etc., has progressed steadily during the year, and the following Table shows how the Defectives in the County are at present dealt with :—

Class.	ADULTS.			CHILDREN.		
	In Institutions	Under Supervision	Total	In Institutions	Under Supervision	Total
Idiots	—	3	3	—	9	9
Imbeciles	1	8	9	3	26	29
Moral Imbeciles	—	1	1	—	—	—
Feeble-minded	7	35	42	1	1	2
	8	47	55	4	36	40

HEALTH PROPAGANDA.

The necessity for educating the public in matters of personal and communal hygiene is no longer doubted by anyone. The Chief Medical Officer to the Ministry of Health has repeatedly drawn attention to the value of such work, and I am glad to report that in a small way efforts have been made in this area.

Pamphlets, book-marks, booklets and posters supplied by the Health and Cleanliness Council and dealing with matters of personal hygiene have been distributed to every school in the County and are also available at the Infant Welfare Centres and Tuberculosis Dispensaries.

This literature together with pamphlets dealing with Food, Infant Feeding, Cancer, Tuberculosis, etc., etc., are obtainable by the public from a stall situated in the entrance hall of the County Hall, and my thanks are due to the Editors of the two local newspapers for bringing this stall to the notice of the general public.

Many excellent health films and lantern slides are now available on loan from various Societies, and a portable cinematograph apparatus would be a great asset to the Health Department in connection with propaganda work. By this means it would be possible to give illustrated lectures in village halls, schools, etc., especially during the winter months. A very efficient portable apparatus can, I am informed, be obtained for a sum of £50.

Lectures on personal hygiene, food, water supplies, etc., etc., have been given by Drs. Ashworth, Kynaston, and also by myself, whilst the Assistant Medical Officers have also acted as judges at baby shows.

Assistance has also been given by the County Medical Staff to the British Red Cross Society and local Boy Scout and Girl Guide organisations. I should like to record the fact that this work has been willingly undertaken by my assistants, outside their official duties.

HOUSING.

The following particulars have been obtained from the Clerks to the several Local Authorities :—

BOROUGH OF BOSTON.

Houses erected with subsidy	2
Houses erected by Council under the Housing Acts.....	40
Houses erected by private enterprise	8

BOSTON RURAL DISTRICT.

Houses erected with subsidy	40
Houses erected by Council under Housing Act, 1923	40
Houses erected by private enterprise	14

SPALDING URBAN DISTRICT.

Houses erected with subsidy	52
Houses erected by Council under Housing Act, 1923	nil
Houses erected by Council under Housing (Financial Provisions) Act, 1924	78
Houses erected by private enterprise	2

SPALDING RURAL DISTRICT.

Houses erected with subsidy	20
Houses erected by Council under Housing Acts	11
Houses erected by private enterprise	20

HOLBEACH URBAN DISTRICT.

Houses erected with subsidy	9
Houses erected by Council under Housing Act, 1924	50

LONG SUTTON URBAN DISTRICT

Houses erected with subsidy	11
Houses erected by Council under Housing Acts	nil
Houses erected by private enterprise	nil

SUTTON BRIDGE URBAN DISTRICT

No return.

EAST ELLOE RURAL DISTRICT.

Houses erected with subsidy	12
Houses erected by Council under Housing Acts	18
Houses erected by private enterprise	10

CROWLAND RURAL DISTRICT.

No return.

HOUSING (RURAL WORKERS), ACT 1926.

Only three applications have been made to the County Council under this Act, two of which were subsequently withdrawn and the third refused.

Extracts from Reports received from Medical Officers and Sanitary Inspectors to Local Authorities.

BOROUGH OF BOSTON.

WATER SUPPLY.

“ There has been a plentiful supply of water during the year. I am led to believe that steps are being taken by the Water Company to tap underground supplies, and thus materially increase the supply to the town. This, if successful, will obviate any shortage of water in a dry year, and will ensure a constant supply of water to the town.”

SEWERAGE AND DRAINAGE, ETC.

“ The method of sewage disposal is essentially the same as in former years. During the year an inquiry was held by the Ministry of Health with reference to a new scheme for the Tattershall Road and Norfolk Street end of the town, and this scheme will, in due course, be carried out. It will relieve the amount of sewage discharging into the Maud Foster Drain.

The condition of this drain during the year has not been so prominent, owing no doubt to an abnormally wet summer. It has been flushed out periodically, but I hope that as future events are evolved, the question of this drain being a sewer will be a thing of the past, and that a scheme will be in force, so that this drain will be used solely for its original purposes, namely surface water drainage.

Another inquiry was also held by the Ministry of Health during the year with reference to the granting of a loan for the wholesale conversion of ash closets and privy vaults. This loan has now been granted with certain reservations, and I hope that a goodly number of ash closets will have disappeared in the near future. The approximate number of conveniences in the Borough at the end of the year is as follows :—

Vaults	441
Ash Closets.....	1589
Slop Closets	1258
Water Closets	1003

Dr. Robertson also refers to the very successful management by the Borough Surveyor of the refuse tip which now gives rise to no nuisance whatever. A man is employed continuously at the tip for the purpose of levelling down and covering with soil.

The Sanitary Inspector for the Borough in the course of his report, which is included in that of the Medical Officer of Health, states that in the course of his duties as Meat Inspector he examined 731 carcasses of beef, 1463 of mutton and 1566 of pork.

The amount of meat and other foods destroyed was as follows :—

Beef	587lbs.
Pork	115lbs.
Fresh Fish.....	252lbs.
Shell fish	56lbs.
Apples	1320lbs.

In discussing the question of hospital accommodation for infectious diseases Dr. Robertson is seriously concerned with the very inadequate accommodation provided for the reception of cases of small-pox. In view of the fact that this disease has now appeared within the County (Spalding 8 cases, May, 1928) the provision of adequate accommodation for the disease will have to be dealt with very seriously.

EAST ELLOE RURAL DISTRICT.

WATER SUPPLY.

“ Although no further steps have been taken in this important matter there is a growing interest being manifested. A lead is naturally expected from the largest Council in the area, and if some scheme could be formulated and put before the neighbouring Councils, I feel sure something could be done. It might be possible to find a supply from an area in the south-west and brought by one main to a point near Sutton St. James and distributed to the three Councils concerned from a water tower erected there.”

Number of New Houses erected during the year.

(a) Total (including numbers given separately under (b)	22
(b) With State assistance under the Housing Acts—	
(i.) By the Local Authority.....	10
(ii.) By other bodies or persons	12

1. Inspection of Dwelling-houses during the year.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	70
(2) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	—
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	nil
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	16

2.—Remedy of Defects during the year without service of formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	10
---	----

3. Action under Statutory Powers during the year.

A. Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	6
(2) Number of dwelling-houses which were rendered fit after service of formal notices.	
(a) by Owners	6
(b) by Local Authority in default of Owners.....	nil
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close	nil

B. Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied.....	6
(2) Number of dwelling-houses in which defects were remedied after service of formal notices	
(a) by Owners	6
(b) by Local Authority in default of Owners.....	nil

C. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders	nil
(2) Number of dwelling-houses in respect of which Closing Orders were made	nil
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	nil
(4) Number of dwelling-houses in respect of which Demolition Orders were made	nil
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	nil

LONG SUTTON URBAN DISTRICT.

“ There is no change in the source of water supply, the majority of the inhabitants obtaining water from soft water cisterns. The system of sewage disposal is also unchanged, consisting of vaults and dry wells which are periodically emptied. The water supply and sanitation of the schools is quite satisfactory within the above limits.”

Unfit dwelling-houses :—

Inspection	590
Under 1925 Regulations	nil
Number of houses found to be unfit	nil
Defects remedied without formal notice	nil
Action under statutory power.....	nil
Proceedings under Public Health Act.....	nil
Proceedings under Sections 11, 14 and 15, Housing Act, 1925.....	nil

SUTTON BRIDGE URBAN DISTRICT.

“ The water supply remains the same, rainwater and wells supplying the district. A constant supply is urgently needed

A second length of main sewer which runs down Wharf Street has been taken up to the length of 528 yards, and 12in. pipes have been put in to replace the 9in. ones at an appropriate level.

Closet accommodation has increased from 143 to 163 during the year. The number of water closets is 13, pan closets 163, and vaults 324. The weekly collection of house refuse is working well. The cesspools are emptied as necessary and when possible pumped into the sanitary cart."

The Sanitary Inspector (part time) made 160 inspections during the year. As a result 20 statutory notices have been served, all of which have referred to drainage defects. Owing, however, to the abnormal height of the sock the work cannot be completed at present.

Visits to the number of 416 were made to slaughter-houses in the area and the following shows the amounts condemned :—

Beef	1108lbs.	Veal	168lbs.
Pork	378lbs.	Mutton	84lbs.
Ham	34½lbs.	Liver	57lbs.
Inspection of dwelling-houses			10
Number inspected, 1925 Regulations.....			nil
Defects remedied without formal notice.....			8
Proceedings under Public Health Acts :			
(a) Notices served			20
(b) Defects remedied			20
Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925			nil

SUTTON BRIDGE (PORT).

" The Port Hospital has been inspected and has always been found in a clean condition and ready for use. The caretakers have done their work efficiently. The repairs which have been done to the fabric will tend to keep the place in good repair.

The Sanitary Inspector's report speaks of 66 inspections. Nothing has been found to report, all being in a satisfactory condition. No infectious disease was found. No case of rat infestation was met with. The cargoes which enter the Port are not those which would encourage rats, being principally wood, superphosphates or stone.

Aliens do not land in the Port. The water taken in by ships visiting the Port is taken from a pump in Wharf Street. A notice is placed on the pump which directs that the water should be boiled before use."

BLIND PERSONS ACT, 1920.

The County Council is the registration authority under this Act, and the duty of keeping the register is entrusted to the Boston and Holland Blind Society. A grant of £350 is made annually to the Society for all branches of work done under the Act. The Society maintains a hostel for blind women at Boston. The principal functions of the Society are to assist as much as possible in the prevention of blindness, to promote the social welfare of the blind generally, to make applications for pensions for those who are eligible, and for grants from the Poor Law Guardians in necessitous cases, and to secure work for the blind in their homes, supplying them with materials and disposing of the finished articles as advantageously as possible.

BLIND PERSONS IN COUNTY OF HOLLAND.

Age Period.	Total Blind.
0— 5	2
5—16	8
16—21	6
21—50	30
50—70	36
70 and upwards	45
Total	127

Age at which Blindness occurred.

Age Period.	Number.
0— 1	16
1— 5	4
5—10	4
10—20	6
20—30	14
30—40	8
40—50	14
50—60	17
60—70	18
70 and upwards	24
Unknown	2
Total	127

The Report of the Secretary to the Society for the year ending March 31st, 1928, states :—

The Committee desire once more to call attention to the fact that this Society is the only Society which is responsible for the welfare of the civilian blind in the Holland Division of Lincolnshire. The needs of our local blind have considerably increased, and the Committee trust that every parish in the district will help to supply those needs by supporting this Society.

There are 127 blind persons on the register, as against 126 a year ago. Of these 127 cases, 2 are under five years of age, 8 are between five and sixteen, 6 are between sixteen and twenty-one, 30 are between twenty-one and fifty, 36 between fifty and seventy, and 45 over seventy. During the year there have been 16 new cases including one from another district, 14 deaths and 1 removal.

Four children are receiving elementary education at schools recognised by the Board of Education as efficient schools for the education of the blind. Technical training is also being provided for three young men at the Royal Midland Institution for the Blind, Nottingham. The cost of this education and training is, with one exception, borne by the County Education Committee, Boards of Guardians, and contributions from parents, but, in the special case referred to above, the whole cost is borne by the parents.

The Society has eight blind Home Workers, of whom seven are attached to the Nottingham Institution for assistance and supervision. The occupations carried on by these Home Workers are hand and machine knitting, chair caning, straw basket making, and boot and shoe repairing. The other Home

Worker is attached to the National Library for the Blind for whom she copies books in Braille. The earnings of all these Home Workers are augmented out of the funds of the Society, and at the suggestion of the Ministry of Health the rate of augmentation was considerably increased as from July 1st last, the rate now varying from five to ten shillings a week. Owing to this change, the amount paid as augmentation last year was £152 as against £114 the previous year.

Orders for socks and stockings and straw baskets and chair caning are greatly needed and may be given at Sunnihilme, Pen Street, Boston.

The visitation of the blind in their own homes and the teaching to them when possible, of handicrafts and embossed types continues to be carried on by Miss Faith Booth, who is herself blind and thoroughly understands the blind and their needs, and by a sighted lady assistant, Miss Ethel Thorpe, who chiefly teaches or visits those who live in outlying places. The latter is only employed for two days a week.

There are now eight blind residents at Sunnihilme, the Home and Hostel for Blind Women, and four others have lived there for various periods during the year. The average has been about seven.

The Committee have contracted to purchase the house at No. 23, Pen Street, Boston, which adjoins Sunnihilme. The two top rooms of this house will be used for additional bedroom and workroom accommodation which, as stated in previous Reports, is much needed. The rest of the house has been let.

The sum of £312 has been given to necessitous blind during the year, the greater part of it having been given as regular allowances. The happiness, comfort and relief from anxiety resulting from these gifts have been incalculable.

Once a month in Boston there is an entertainment for the blind and also a meeting for reading aloud, together with light refreshments. On August 6th last the blind in Boston and the neighbourhood with their friends were very generously entertained by Mr. and Mrs. Halliday, Romney House, Boston, at a garden party in their grounds. A most excellent tea was served in a marquee, and refreshments were handed round during the evening. The amusements provided included various competitions with prizes, wireless, recitals, songs, and music gratuitously given by Mr. Rippin's Band. In spite of very heavy rain during the evening a most happy time was spent and all the guests were most grateful.

Miss Maples again showed her keen practical interest in the blind by inviting those at Spalding and in the neighbourhood to tea, followed by an entertainment, both of which were greatly enjoyed. Very happy social evenings have also been provided by the Service Committee of the Boston Men's Own Society.

The Proprietors of the "Boston Guardian" and the "Spalding Guardian" have handed to the Society the sum of £60 as the result of an appeal to their readers to give money for the provision of wireless sets for the blind, and wireless sets have been provided for twelve blind persons who derive an immense amount of pleasure from them and are most grateful.

The Society, in co-operation with the Nottingham Institution, had a stand at the Lincolnshire Agricultural Show at Spalding in June last, and four local blind workers were engaged at the stand in their various occupations.

Prevention of blindness is one of the objects of the Society and help is frequently given to those suffering from eye trouble to obtain expert advice and treatment. During the year the sum of £10 was devoted to this purpose and to the provision of spectacles.

The Committee has sustained heavy losses during the year through the resignations of Mrs. G. A. Mitchell and Mrs. J. A. Parkinson and by the lamented death of Coun. J. Maltby, J.P., all of whom had rendered most valuable service to the Society. The Committee have been glad to welcome as new members Mrs. Pilcher, of Boston, and Coun. S. Wain, of Boston, the latter being the representative of the Holland County Council in place of the late Coun. Maltby, J.P.

The Committee gratefully acknowledge their indebtedness to the honorary officers of the Society for their constant and unstinted service ; to Mr. T. H. Cresswell, D.O. Oxon., M.R.C.S., L.R.C.P., and Mr. S. T. Parker, F.R.C.S., for giving free consultations on the recommendations of the Society ; to Mr. D. MacTaggart for free dental treatment to the blind residents at Sunnitholme ; and to members and officials of the Holland County Council, Boards of Guardians and other Local Authorities for their unfailing courtesy and sympathetic help.

APPENDIX A.

HOSPITAL ACCOMMODATION.

At the present time when the demand for beds in the voluntary hospitals (both large and small) is greatly in excess of the supply, the use of beds in the infirmaries administered by Boards of Guardians has naturally been suggested. There is no doubt that generally throughout the country there are many beds in Poor Law Institutions which are never used at all. In Holland this certainly obtains as will be seen from a perusal of the following figures :—

Institution.	Total number of beds available.	Average number occupied.
A	85	63
B	70	51
C	79	35

There seems to me no reason why in each of these institutions beds should not be set apart for maternity cases under the direction of the Holland County Council which Council would be responsible for the payment of maintenance of patients. In order to remove the stigma attaching to those entering Poor Law Institutions these wards could be designated "County Council Maternity Hospitals," and arrangements would be made directly through the County Medical Staff and not through the Relieving Officer.

I am also of opinion that in an area such as this the allocation of all hospital beds should be within the power of one Authority, viz., the County Council. It would thus be possible for all beds, whether set aside for general nursing, maternity or infectious diseases, to be used to the best advantage ; it always being borne in mind that the best should be available for all members of the community.

To some this suggestion may seem almost revolutionary, but modern conditions are not satisfied by a system which was never intended to cope with the problem. The use of hospital beds is only one of the advantages which would accrue, if in the County there were one central authority for the administration of all health and nursing services.

One therefore looks forward to Poor Law and Local Government reform in the hope that much of the over-lapping and consequent waste of effort and material may be swept aside and a system commensurate with modern ideas and practice evolved.

APPENDIX B.

MEMORANDUM BY COUNTY MEDICAL OFFICER OF HEALTH ON THE PREVENTION OF DIPHTHERIA.

The introduction of the use of anti-toxin in 1894 for the treatment of diphtheria was followed by a marked fall in the case mortality. The rate of fall, however, of the case mortality has not been maintained, and during the last 20 years has been much less (this is especially so during the last decade). Diphtheria is most fatal in the child population, and especially in children under 5 years of age, and, although anti-toxin has been in use for many years now, the incidence rate and mortality rates still remain high, even in periods of non-epidemicity. This high incidence rate means a large charge on the public purse in order that skilled nursing and hospital treatment shall be given. It is therefore obvious that any method which can lessen the susceptibility of the child population to this disease should receive serious attention from all Authorities charged with the protection of the public health. In 1913 Professor Schick, of Vienna, introduced a test whereby it was possible to ascertain the susceptibility or otherwise of persons to diphtheria. Thus persons who have been subjected to the test can be divided, broadly speaking, into

susceptibles and non-susceptibles. The work done upon this test evolved a system of active immunisation, first of all by injection of anti-toxin and latterly by the use of toxoid anti-toxin. The active immunity obtained as a result of the injections of toxoid anti-toxin develops gradually until a maximum is reached in about 6 to 9 months' time. Duration of the immunity can of course only be determined over a period of years, but at present it is estimated to last at least 6 years. The length of time which the immunity lasts is greater in urban populations than in rural, and this is probably explained by the fact that the former have been exposed to protecting influences of small doses of infection.

As about one-half of the total mortality from diphtheria occurs between the ages of 1 and 5 years, the need for protection during this particular period is obvious. This is also borne out by work done both in this country and in America showing that the age group 1 to 5 years shows a higher proportion of positive re-actors (that is to say susceptibles) than any other age group. It is therefore held advisable to immunise *without previous Schick testing* all children aged 1 to 6 years. The whole subject of the prevention of infectious disease is one which devolves upon the Local Sanitary Authorities, but, as the County Council deals with children from birth to 2 years of age in connection with Welfare Centres, and then from 5 to 14 for education and school medical work, co-operation between the two Authorities in this matter can be productive of much good. It is, however, essential that efficient propaganda work should be carried out as a preliminary to a Schick test campaign. The following plan of action on the part of Controlling Authorities is suggested, it of course being clearly understood that the confidence and co-operation of medical practitioners has been gained.

- (a) Efforts should be concentrated primarily on those areas where diphtheria is generally most prevalent.
- (b) The actual testing and immunisation can be carried out by Medical Officers of Centres and Hospitals (who have previously acquired the necessary experience in the details of the technique of the test) and also by Medical Officers, generally part-time, specially employed by the Local Sanitary Authorities for the purpose. It should be clearly understood that whilst the Local Education Authority would no doubt place the schools at the services of the Local Sanitary Authority for propaganda and other work, all work done in connection with the testing would be a charge upon the Local Sanitary Authorities and not the County Council.

(c) **Additional Procedure.**

(1) **Pre-school age period.** Instruction to nurses, school teachers, health visitors and maternity and child welfare workers as to the necessity of preventive measures, the freedom from danger, and the value of their adoption. The consent of parents, particularly mothers, should be gained through the influence of informal talks in the homes, at clinics and by lectures at mothers' meetings. The institution of special clinics at Infant Welfare Centres and hospitals under the control of Borough Health Authorities or hospital staffs.

(2) **School age period.** Propaganda work should proceed along the lines similar to the above, special attention being paid to convincing school teachers and parents, and gaining their consent and co-operation. As in the school age period there is a higher proportion of immune children it will be necessary to apply the Schick test and then immunise only the susceptibles. Experience has shown both in this country and in America that it is quite possible, with very little interruption in the school routine, to carry out both Schick testing and immunisation in the school.

That Schick testing and immunisation is a sound measure for the prevention of disease has been amply proved by the large amount of work done and the results obtained both in this country and in America, and I would suggest that the Health Committee through the County Council draw the attention, certainly of all the Urban Authorities in the County, to the matter with an offer of co-operation in any steps which the Local Authorities would take in this very important example of preventive medicine.

H. C. JENNINGS.

County Medical Officer.

January, 4th, 1928.

